



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

INFORMATIONAL LETTER NO.1194

DATE: November 30, 2012

TO: Iowa Medicaid Physicians

ISSUED BY: Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

RE: Increased Medicaid Payment for Primary Care

EFFECTIVE: January 1, 2013

On November 1, 2012, the Centers for Medicare and Medicaid Services (CMS) issued a final rule to implement a provision of the Affordable Care Act (ACA) that provides increased payments to certain primary care physicians for specified primary care services**. When providing the specific services defined under this provision, eligible physicians will be paid at the (higher) Medicare rates in effect in calendar years (CY) 2013 and 2014 instead of their usual state-established Medicaid rates. Where applicable, claims will still be subject to Medicare's site of service discount.

The services eligible for the higher Medicaid payment must be delivered by a physician who specializes in family medicine, general internal medicine or pediatric medicine. This rule specifies that certain physician subspecialists (for example, pediatric cardiologists) who are board certified in those specialties or provide primary care within the overall scope of those categories also qualify for the enhanced payment. Additionally, primary care services provided by non-physician practitioners, such as nurse practitioners and physician assistants, will be paid at the higher rates only if billed under the National Provider Identifier (NPI) of an eligible physician (meaning the services are provided under physician supervision). The physician must self-attest** that they qualify.

- ***The IME has made self-attestation easy.*** Providers simply need to go to <http://www.tfaforms.com/264250> and complete the single page e-form capturing a provider's identification and qualification information along with the attestation of eligibility. The form is straightforward and there are no separate directions, but guidance and clarification is displayed when you click on most fields of the form.
- ***Don't delay!*** Providers who attest by the end of 2012 will be eligible for increased payments effective for dates of service on or after January 1, 2013; those who attest after that date will be eligible based on the date they attest. Verification of the provider attestation information will be completed a short time later by the IME.

Based on how the regulation is structured, the attestation applies to any services provided under a physician's unique rendering NPI, regardless of organizational affiliation. This means a physician working for multiple businesses would be eligible for the increased payment to any provider organization for which they are enrolled with Medicaid under their unique rendering NPI once they have attested.

Exclusions:

Increased payments are not available for otherwise eligible physicians delivering services under any other benefit where payment is made on a facility basis and not specifically for the physician's services. This includes, but is not limited to, services billed by Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC) and Indian Health Services paid at an encounter rate.

Physician specialists certified (only) in areas outside of the three specified in the ACA (for example: ER doctors and OB/GYN) are not eligible for the increased payments even if they otherwise meet the 60 percent procedure code threshold**. Physicians in these categories should simply not attest.

Important Notes:

At the time of this publication, CMS has stated that the Medicare rates will not be finalized until at least January 1, 2013, and the IME will need time to secure state plan approval from CMS. This means it is likely that there may be a delay in our ability to pay the increases immediately. If that is the case, the IME would need to make retroactive increase payments as soon as all the necessary pieces supporting the policy are in place.

Physicians located outside of Iowa must still attest with Iowa as indicated in this informational letter to qualify for the increased payments on Iowa Medicaid services they bill.

***To qualify, eligible providers must self-attest that they are appropriately Board certified or that 60 percent of their total Medicaid claims are for the eligible evaluation and management (E&M) codes:*

- *A physician or non-physician practitioner under the personal supervision of a physician who self-attests to a specialty designation of family medicine, general internal medicine or pediatric medicine or a subspecialty recognized by the American Board of Medical Specialties (ABMS), the American Board of Physician Specialties (ABPS) or the American Osteopathic Association (AOA). This includes such eligible physicians who provide Medicaid services in a managed care environment.*
- *A physician self-attests that they have furnished evaluation and management services and vaccine administration services under codes that equal at least 60 percent of the Medicaid codes that they have billed during the most recently completed CY or, for newly eligible physicians, the prior month.*
- **Eligible primary care services** designated are as follows:
 - *Evaluation and Management (E&M) codes 99201 through 99499.*
 - *Current Procedural Terminology (CPT) vaccine administration codes 90460, 90461, 90471, 90472, 90473 and 90474, or their successor codes.*

The IME appreciates your continued partnership as we work to improve the claim processing service quality and accuracy. If you have any questions, please contact the IME Provider Services Unit at 1-800-338-7909, locally in Des Moines at 515-256-4609 or via email at imeproviderservices@dhs.state.ia.us.